								Application or Docket Number .					
	, PATENT	RD											
Effective October 1, 2003								10796499					
CLAIMS AS FILED - PART I								SMALL E	ENTITY		OTHER	THAN	
(Column 1) (Column 2)							•	TYPE [OR	SMALL	ENTITY	
TOTAL CLAIMS			2/					RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			て) minus 20=		•			X\$ 9=		OR	X\$18=	R	
INDEPENDENT CLAIMS			2_ minus 3 =		φ			X43=		OR	X86=		
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT			+145=				OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							Ł	TOTAL	 	OR	TOTAL	200	
. 1	()) , CCLAIMS AS AMENDED - PART II								<u> </u>	10	OTHER	THAN	
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
4		CLAIMS REMAINING		HIGH		PRESENT			ADDI-			ADDI-	
ĘNŢ		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL	
AMENDMENT	Total		Minus	-0	I	≖ ∑)	ſ	X\$ 9=`		OR	X\$18=		
	Independent	·2	Minus		5	-/-	Ī	X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ŀ	. 446	/		.000	·	
1, 45							L	+145=	- <i> </i> -	OFT	+290= TOTAL		
/							A	DDIT. FEE		OR ,	ADDIT. FEE		
	•	(Column 1)	, 	(Colum		(Column 3)	_						
AMENDMENT B	,	REMAINING AFTER		NUME PREVIO PAID F	BER	PRESENT EXTRA	ı	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
		AMENDMENT				EATHA	L		FEE.]		FEE	
	Total	*	Minus	**	·	- '	L	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MU	Minus	ENDENT	CI AIN	<u> </u>		X43=		OR	X86=		
	TIMOT TIMEOL	TOTAL OF THE	CHIP CL OCT	ENDEN	CEANN		Γ	+145=	-	OR	+290=		
								TOTAL		L	TOTAL	•	
	•	(Column 1)		(Colum	n-2\	(Column 3)	A	DDIT. FEE	<u> </u>	,	ADDIT. FEE		
٦	`	CLAIMS		HIGHE	ST				ADDL			4001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA	ı	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	Γ	X\$ 9=		OR	X\$18=		
	Independent		Minus	***		2	\vdash	X43=			X86≈		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							//104		OR	V00=		
• н	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR	+290=		
** H										ORA	TOTAL DDIT. FEE		
1	ne *Highest Num	ber Previously Paid	For (Total or	Independer	ress that it) is the	i 3, enter "3." highest number f	lound	d in the ap	propriate box	in colu	ımn 1.		